United Nations A/73/414

General Assembly

Distr.: General
5 October 2018

Original: English

Seventy-third session
Agenda item 129
Global health and foreign policy

Improving international coordination and cooperation to address the health needs of the most vulnerable for the achievement of the Sustainable Development Goals

Note by the Secretary-General

The Secretary-General transmits herewith the report of the Director General of the World Health Organization on improving international coordination and cooperation to address the health needs of the most vulnerable for the achievement of the Sustainable Development Goals, submitted pursuant to General Assembly resolution 72/139.

18-16643 (E) 291018

Please recycle

Report of the Director General of the World Health Organization on improving coordination and cooperation to address the health needs of the most vulnerable for the achievement of the Sustainable Development Goals

Summary

Health is a precondition for and an outcome and indicator of all three dimensions — economic, social and environmental — of sustainable development. Health is not just an end in itself, but a foundation for human capital, which is fundamental to reaching other targets under the Sustainable Development Goals of the 2030 Agenda for Sustainable Development. Essential to the implementation of and advancing progress towards the achievement of Goal 3 and the other health-related Goals is responsiveness to the health needs of the most vulnerable.

Efforts to address the health needs of the most vulnerable populations and improve equity must be supported by improved international coordination and cooperation. In the spirit of global solidarity, Sustainable Development Goal 17, to strengthen the means of implementation and revitalize the global partnership for sustainable development, is aimed at strengthening global partnerships to support and achieve the ambitious targets of the 2030 Agenda, bringing together national Governments, the international community, civil society, the private sector and other actors. Global collective action and greater coherence of action at all levels and across all sectors and stakeholders are necessary. The World Health Organization, in conjunction with 10 leading multilateral organizations, is leading a historic commitment to advance collective action and accelerate progress towards the achievement of Goal 3 and the other health-related Goals.

Pursuant to General Assembly resolution 72/139, the present report is submitted to provide a review of efforts to improve international coordination and cooperation to address the health needs of the most vulnerable for the achievement of the Sustainable Development Goals.

I. Introduction

1. The C neral Assembly, in its resolution 72/139, reiterated the call for more attention to health, as an important cross-cutting policy issue on the international agenda, as it is a precondition for and an outcome and indicator of all three dimensions — economic, social and environmental — of sustainable development. The Assembly noted that challenges in global health still remain, including major inequities and vulnerabilities within and among countries, regions and populations, and demand persistent attention, and also noted that this urgently requires the fulfilment of commitments to strengthen the global partnership for development.

2. In the same resolution, the General Assembly underscored the importance of enhanced international cooperation and assistance to support the efforts of Member States to achieve health goals, implement universal access to health services and address health challenges. The Assembly encouraged greater coherence and coordination among United Nations bodies, specialized agencies and entities on matters related to global health and foreign policy, and emphasized the importance of seeking synergies and collaboration with other relevant actors outside the United Nations system to address the health needs of the most vulnerable.

3. The General Assembly requested the Secretary-General, in close collaboration with the Director General of the World Health Organization (WHO), to report to the Assembly, at its seventy-third session, on improving international coordination and cooperation to address the health needs of the most vulnerable for the achievement of the Sustainable Development Goals.

II. Challenges in addressing the health needs of the most vulnerable for the achievement of the Sustainable Development Goals

4. Essential to the implementation of and advancing progress towards the achievement of Sustainable Development Goal 3 and other health-related Goals is responsiveness to the health needs of the most vulnerable. WHO aims to serve the most vulnerable populations, including women, children, older persons, persons with disabilities and people who are poor. Populations that have been forcibly displaced are especially vulnerable.

5. Despite important progress achieved in the area of global health, the achievement of Sustainable Development Goal 3 will hinge upon overcoming the major challenges that remain in terms of reducing maternal, newborn and child mortality, improving nutrition, ensuring universal access to sexual and reproductive health and rights and making further progress in the battle against communicable diseases, such as HIV and other sexually transmitted infections, tuberculosis, malaria, neglected tropical diseases and hepatitis.

6. Remarkable progress has been made worldwide in reducing child mortality, with the global under-five mortality rate dropping from 93 per 1,000 live births in 1990 to 41 per 1,000 live births in 2016. Every day in 2016, however, 15, 000 children died before reaching their fifth birthday. Likewise, after unprecedented global gains in malaria control, progress has stalled. Globally, an estimated 216 million cases of malaria occurred in 2016, compared with 237 million cases in 2010 and 210 million cases in 2013. Malaria claimed the lives of approximately 445, 000 people in 2016, a similar number to the previous year. HIV incidence has declined, yet in 2016, an estimated 1 million people died of HIV-related illnesses, 120,000 of whom were children under 15 years of age. In the same year, a reported 1.5 billion people required

mass or individual treatment and care for neglected tropical diseases, which are known to be associated with poverty.

7. An estimated 13 million people under the age of 70 died due to cardiovascular disease, chronic respiratory disease, diabetes or cancer in 2016, despite the risk of dying from those diseases having decreased since 2000. Risk factors for non-communicable diseases, such as tobacco smoking, obesity and alcohol consumption, are on the rise in many countries. Pervasive violence against women and girls reinforces gender inequities in health and access to services. The most recent estimates indicated that about one third (35 per cent) of women experienced physical and/or sexual intimate partner violence or non-partner sexual violence at some point in their lives.

8. Weak health systems remain an obstacle in many countries, resulting in deficiencies in coverage and utilization for even the most basic health services and inadequate preparedness for health emergencies. At least half of the world's population does not have full coverage of high-quality essential health services. Among those who do have access to needed services, many suffer undue financial hardship. Provision of high-quality care is uneven, often failing to protect, promote and respect the rights and dignity of those who seek it, in particular women and girls. Migrant and refugee populations, which are often exposed to multiple health risks, also largely lack access to health services. Inequities in access exist within and across countries, due to structural disparities by income level, group characteristics, place of residence, experience of conflict or humanitarian disasters, age and sex.

9. A good health system delivers high-quality services to all people, when and where they need them. The exact configuration of services varies from country to country, but in all cases requires a robust financing mechanism, a well-trained and adequately paid workforce, and reliable information on which to base decisions and policies. Good health systems also rely crucially on access to affordable essential medicines, vaccines and health products of assured quality that are available at all times in adequate amounts and in the appropriate dosage forms.

10. Universal health coverage is defined as all people and communities having access to the promotive, preventive, curative, rehabilitative and palliative health services that they need, and that those services are of sufficient quality to be effective, while also ensuring that the use of those services does not expose the user to financial hardship. Universal health coverage is a powerful tool, not only for better health, but for reducing poverty, creating jobs, fuelling inclusive economic growth and promoting gender equality. It is based on resilient health systems. Health systems are resilient if they have the capacity of health actors, institutions and populations to prepare for and effectively respond to crises, maintain core functions when a crisis hits and, informed by lessons learned during the crisis, reorganize if conditions require it. Universal health coverage can only be achieved if health services are responsive to the health needs of the most vulnerable.

11. Efforts to address the health needs of the most vulnerable populations and improve equity must be supported by improved international coordination and cooperation. In the spirit of global solidarity, Sustainable Development Goal 17 to strengthen the means of implementation and revitalize the global partnership for sustainable development, is aimed at strengthening global partnerships to support and achieve the ambitious targets of the 2030 Agenda, bringing together national Governments, the international community, civil society, the private sector and other actors. Global collective action and greater coherence of action at all levels and across all sectors and stakeholders are necessary.

III. A new, ambitious, inclusive and transformative global health agenda

12. As reflected in the 2030 Agenda for Sustainable Development, health is essential for the future of our world. With a commitment to achieve Sustainable Development Goal 3, in which all stakeholders are called upon to ensure healthy lives and promote well-being for all at all ages, WHO is leading a transformative agenda that supports countries in reaching all health-related Goal targets.

13. The global health agenda is shaped primarily by the WHO thirteenth general programme of work, 2019–2023, adopted by the seventy-first World Health Assembly, in 2018, which is based on the Sustainable Development Goals and is relevant to all countries — low-, middle- and high-income.

14. The thirteenth general programme of work sets out the strategic direction of WHO, outlines how it will proceed with its implementation and provides a framework to measure progress in that effort. It will serve as a guide for each biennium for progressive steps in strategic priorities, the development of implementation plans, the programme budget, results frameworks and operational plans.

15. In response to the challenge to leave no one behind, the WHO thirteenth general programme of work sets goals of reaching 1 billion people for each of its three interconnected strategic priorities, placing the impact on the most vulnerable people at the heart of its work. Those strategic priorities are supported by three strategic shifts: stepping up leadership, driving public health impact in every country and focusing global public goods on impact; these reflect the six core functions of WHO. Those strategic priorities and shifts are supported by five organizational shifts.

16. The three interconnected strategic priorities and goals are the following:

(a) Achieving universal health coverage: 1 billion more people benefitting from universal health coverage;

(b) Addressing health emergencies: 1 billion more people better protected from health emergencies;

(c) Promoting healthier populations: 1 billion more people enjoying better health and well-being.

17. The "triple billion" goals are a joint effort of Member States, WHO and other partners. WHO has a catalytic role to play in reaching the goals set out in the thirteenth general programme of work. No single actor operating alone can achieve those goals. Contributions are required from many partners, principally Member States, but also non-State actors and the WHO secretariat. Consequently, there is a need for both collective action and accountability, as well as for demonstrating the contribution made to outcomes and impact. In setting those three goals, WHO is signalling its ambition and extending an invitation to members of the global health community to work with the Organization in order to optimize and implement those goals, which are based on the Sustainable Development Goals.

18. WHO aims to serve the most vulnerable populations, as reflected in its new mission statement: "Promote health, keep the world safe, serve the vulnerable". WHO is at the forefront of advocating for the right to health in order to achieve the highest attainable standard of health for all, leaving no one behind.

IV. International coordination and cooperation to address the health needs of the most vulnerable

19. The health needs of the most vulnerable cut across the three interconnected strategic priorities of the thirteenth general programme of work and the targets under Sustainable Development Goal 3 and other health-related Goals. Numerous initiatives illustrate how the achievement of those goals and targets can be accelerated through a rights-based, gender-responsive, equitable and integrated approach and international coordination and cooperation, including through alliances, coalitions, networks, collective agreements and high-level political commitments.[1]

A. Innovative financing

Gavi, the Vaccine Alliance

20. Created in 2000, Gavi, the Vaccine Alliance, is an international organization bringing together the public and private sectors with the shared goal of creating equal access to new and underused vaccines for children living in the world's poorest countries. Gavi draws on the skills of a variety of partners, combining the technical expertise of the development community with the business know-how of the private sector.

Global Financing Facility in support of Every Woman, Every Child

21. The Global Financing Facility in support of Every Woman, Every Child, was launched in the context of the Third International Conference on Financing for Development, held in Addis Ababa in July 2015, as part of the global consideration about how to finance the Sustainable Development Goals. The Facility recognizes that financing for development requires a shift in perspective, from thinking about billions of dollars to recognizing that trillions are needed to achieve the ambitious targets that were agreed upon. That shift is only possible through new approaches to financing that recognize that countries are the engines of progress and that the role of external assistance is to support countries both in getting more results from the existing resources and increasing the total volume of financing. Focusing on women, children and adolescents, countries invest in high-impact, but historically underfunded, areas such as sexual and reproductive health and rights, newborn survival, adolescent health and nutrition and in the health systems needed to deliver at scale and sustain impact.

Global Fund to Fight AIDS, Tuberculosis and Malaria

22. The Global Fund to Fight AIDS, Tuberculosis and Malaria is a partnership organization designed to accelerate the end of AIDS, tuberculosis and malaria as epidemics. Founded in 2002, the Global Fund is a partnership between Governments, civil society, the private sector and people affected by the diseases. The Global Fund raises and invests nearly $4 billion per year to support programmes run by local experts in the countries and communities most in need. Working together, the Global Fund has saved millions of lives and provided prevention, treatment and care services to hundreds of millions of people, helping to revitalize entire communities, strengthen local health systems and improve economies.

[1] Global health security and humanitarian response efforts have been addressed in previous reports.

UNITAID

23. A partnership hosted by WHO, UNITAID was established in 2006 as an innovative financing initiative that invests in innovations to prevent, diagnose and treat HIV/AIDS, tuberculosis and malaria more quickly, affordably and effectively. UNITAID also works to improve access to diagnostic tests and treatment for HIV co-infections such as hepatitis C and the human papillomavirus. UNITAID relies on more than 40 partner organizations to provide technical guidance and implement grants in the field. The Executive Board is composed of representatives from each of the five founding countries (Brazil, Chile, France, Norway and the United Kingdom of Great Britain and Northern Ireland), representatives from Spain and the Republic of Korea, an African country representative as designated by the African Union and representatives from relevant civil society networks, the constituency of foundations and WHO. It aims to scale up access to treatment for HIV/AIDS, malaria and tuberculosis for people in developing countries by using its purchasing power as leverage for price reductions of high-quality drugs and diagnostic tests, which are currently unaffordable for most developing countries, and to accelerate the pace at which they are made available.

B. Research and development

Coalition for Epidemic Preparedness Innovations

24. The Coalition for Epidemic Preparedness Innovations is a new alliance between Governments, industry, academia, philanthropy, intergovernmental institutions, such as WHO, and civil society. It finances and coordinates the development of new vaccines to prevent and contain infectious disease epidemics.

Council on Health Research for Development

25. The Council on Health Research for Development is a global, non-profit organization whose goal is to maximize the potential of research and innovation to deliver sustainable solutions to the health and development problems faced by people living in low- and middle-income countries.

Global Antibiotic Research and Development Partnership

26. The Global Antibiotic Research and Development Partnership was established in May 2016 as a joint, not-for-profit research and development initiative by WHO and the Drugs for Neglected Diseases initiative. Its mission is to develop new antibiotic treatments addressing antimicrobial resistance and to promote their responsible use for optimal conservation, while ensuring equitable access for all who are in need.

Special Programme for Research and Training in Tropical Diseases

27. The Special Programme for Research and Training in Tropical Disease is a global programme of scientific collaboration that helps to facilitate, support and influence efforts to combat diseases of poverty. It is implemented by WHO and sponsored by the United Nations Children's Fund (UNICEF), the United Nations Development Programme (UNDP), the World Bank and WHO.

Special Programme of Research, Development and Research Training in Human Reproduction

28. The Special Programme of Research, Development and Research Training in Human Reproduction is the main instrument within the United Nations system for

research in human reproduction, addressing research needs with regard to improving sexual and reproductive health and rights. The Special Programme supports and coordinates research on a global scale, builds research capacity and develops dissemination tools. WHO is the agency implementing the Special Programme and is one of its five sponsors, with UNDP, the United Nations Population Fund (UNFPA), UNICEF and the World Bank. In addition, the International Planned Parenthood Federation and the Joint United Nations Programme on HIV/AIDS (UNAIDS) are both members of the Special Programme's governing body.

C. Access to health technology

Access and Delivery Partnership

29. The Access and Delivery Partnership, supported by the Government of Japan, was established in 2013 to enhance the capacity of low- and middle-income countries to provide access and introduce new health technology for tuberculosis, malaria and neglected tropical diseases. The initiative is led by UNDP in partnership with the WHO Special Programme for Research and Training in Tropical Diseases and PATH. The partnership supports countries to develop sound policies and laws for expedited access and delivery, strengthens their capacity to identify and address health system needs and safety concerns, facilitates the formulation of appropriate health technology pricing and financing policies and strengthens national capacity in supply-chain and delivery systems.

Global Cooperation on Assistive Technology

30. The Global Cooperation on Assistive Technology initiative is an assistive technology stakeholder platform with the mission to assist Member States in improving access to assistive technology as a part of universal health coverage. The initiative focuses on five interlinked areas, namely, people, policy, products, provision and personnel, in partnership with United Nations agencies, international organizations, donor agencies, professional organizations, academia and organizations of and for persons with disabilities.

D. International health cooperation and disease-specific initiatives

Framework Convention on Tobacco Control

31. The WHO Framework Convention on Tobacco Control was the first international treaty negotiated under the auspices of WHO. Adopted by the World Health Assembly on 21 May 2003, it entered into force on 27 February 2005. It was developed in response to the globalization of the tobacco epidemic as an evidence-based treaty that reaffirms the right of all people to the highest standard of health. The Convention represents a milestone for the promotion of public health and provides new legal dimensions for international health cooperation. The Convention secretariat promotes multisectoral, comprehensive tobacco-control policies at the country level and close coordination with international and intergovernmental organizations, in line with articles 22–26 of the Convention. In accordance with the decisions of the Conference of the Parties, mechanisms of assistance to Parties, mostly developing country Parties and Parties with economies in transition, include needs assessments and sharing of best practices, support to the development of projects and programmes that address identified needs, advice on and promotion of access to available resources, awareness-raising and communication, the promotion of the transfer of technical, scientific and legal expertise and technology, the compilation and communication of information on treaty matters, the promotion of

South-South and triangular cooperation and coordination with international organizations.

Global Polio Eradication Initiative

32. The Global Polio Eradication Initiative is a public-private partnership with the goal of completing the eradication and containment of all wild, vaccine-related and Sabin polioviruses, so that no child will ever again suffer paralytic poliomyelitis. It is led by national Governments with five partners, WHO, Rotary International, the Centers for Disease Control and Prevention of the United States of America, UNICEF and the Bill and Melinda Gates Foundation.

Ad hoc inter-agency coordination group on antimicrobial resistance

33. The Secretary-General established the ad hoc inter-agency coordination group on antimicrobial resistance, in consultation with WHO, the Food and Agriculture Organization of the United Nations and the World Organization for Animal Health. The inter-agency coordination group is chaired jointly by the Deputy Secretary-General and the Director General of WHO and comprises high-level representatives of relevant United Nations agencies, other international organizations and individual experts across various sectors. The objective of the inter-agency coordination group is to provide practical guidance for approaches needed to ensure sustained effective global action to address antimicrobial resistance, including options to improve coordination, taking into account the global action plan on antimicrobial resistance.

Joint United Nations Programme on HIV/AIDS

34. UNAIDS works with a range of partners to maximize synergies and global investments in the response to AIDS. The long-standing collaboration between UNAIDS, the United States President's Emergency Plan for AIDS Relief and the Global Fund to Fight AIDS, Tuberculosis and Malaria helps to realize the goals of saving lives, achieving epidemic control, enhancing health security and increasing global burden-sharing. Since 2002, UNAIDS has supported more than 100 countries in attracting, implementing and leveraging more than $18 billion in Global Fund investments. UNAIDS helps to improve the return on investment of Global Fund grants by strengthening the focus on the populations and locations most affected by the epidemic and brokering the technical support necessary to scale up HIV services. Civil society, people living with HIV and community-based organizations are central to the response to AIDS. By pushing boundaries and expanding the idea of what a United Nations organization can do, UNAIDS has achieved remarkable results by positioning people living with HIV and affected communities at the centre of the response to HIV.

Roll Back Malaria Partnership

35. The Roll Back Malaria Partnership is the largest global platform for coordinated action against malaria, mobilizing for action and resources and forging consensus among partners. The Partnership comprises more than 500 partners committed to ending the malaria endemic, including malaria-endemic countries, their bilateral and multilateral development partners, the private sector, non-governmental and community-based organizations, foundations and research and academic institutions.

Stop TB Partnership

36. Founded in 2001, the Stop TB Partnership's mission is to serve every person who is vulnerable to or affected by tuberculosis and ensure that high-quality diagnostic tests, treatment and care are available to all who need them. With almost

2,000 formal partners, the Partnership is a collective force that is transforming the fight against tuberculosis globally. Partners include international and technical organizations, government programmes, research and funding agencies, foundations, non-governmental organizations, civil society and community groups and the private sector. The Partnership operates through a secretariat hosted by the United Nations Office for Project Services in Geneva, with seven technical working groups in addition to regional platforms and networks. The secretariat is governed by a Board that sets strategic direction for the global fight against tuberculosis and is organized into six teams. They work on providing quality-assured diagnostic tests, treatment and capacity-building on procurement and supply, through the Partnership's Global Drug Facility, providing grants to country partners for innovative approaches and the roll out of new tools in finding and treating people with tuberculosis, through the TB REACH mechanism, supporting the development, demand-creation for and uptake of new tools and supporting country programmes, civil society and communities. They also work with the Global Fund to Fight AIDS, Tuberculosis and Malaria and WHO to find missing cases and on advocacy, high-level political engagement and communication with regard to tuberculosis.

United Nations Joint Global Programme on Cervical Cancer Prevention and Control

37. Seven United Nations agencies under the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases have established the 5-year United Nations Joint Global Programme on Cervical Cancer Prevention and Control, aimed at preventing and controlling the incidence of cervical cancer. The Joint Global Programme provides global leadership and technical assistance to support Governments and their partners in building and sustaining high-quality national, comprehensive cervical cancer control programmes with equitable access for women. The Programme works with global and national partners, initially in 6 low- and middle-income countries to ensure that each participating country has a functioning and sustainable high-quality national cervical cancer control programme in place at the end of the 5-year period, with a view to eliminating cervical cancer as a public health concern across the world.

E. Population-focused initiatives

Every Woman, Every Child

38. Launched by the Secretary-General at the high-level plenary meeting of the General Assembly on the Millennium Development Goals, in September 2010, Every Woman, Every Child, is an unprecedented global movement that mobilizes and intensifies international and national action by Governments, multilateral organizations, the private sector and civil society to address the major health challenges facing women, children and adolescents around the world. The movement puts into action its Global Strategy for Women's, Children's and Adolescents' Health (2016–2030), in support of the Sustainable Development Goals, which presents a road map for ending all preventable deaths of women, children and adolescents within a generation and ensuring their well-being.

Global Breastfeeding Collective

39. The Global Breastfeeding Collective brings together implementing partners and donors from Governments, philanthropies, international organizations and civil society and is led by UNICEF and WHO. The Collective envisions a world in which all mothers have the technical, financial, emotional and public support that they need to start breastfeeding within an hour of a child's birth, to breastfeed exclusively for

six months and to continue breastfeeding, with complementary foods, for two years or beyond. Its mission is to rally political, legal, financial and public support, with a view to increasing rates of breastfeeding, which will benefit mothers, children and society as a whole.

Global Forum on Migration and Development

40. The Global Forum on Migration and Development is a voluntary, informal, non-binding and Government-led process open to all States Members of the United Nations and observers, aimed at advancing understanding and cooperation on the mutually reinforcing relationship between migration and development and fostering practical and action-oriented outcomes, as well as at including the voices and expertise of representatives from academia, non-governmental organizations, trade unions and the private sector, migrants and those in diaspora. WHO is actively engaged in the work of the Forum.

H6 Partnership

41. The H6 Partnership harnesses the collective strengths of UNFPA, UNICEF, the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), WHO, UNAIDS and the World Bank Group to advance the Every Woman, Every Child Global Strategy for Women's, Children's and Adolescents' Health and support country leadership and action for women's, children's and adolescents' health. Its partners have been working since 2008 to help countries to strengthen their health systems and improve health services for women, children and newborns in places where they were dying from preventable causes at an alarming rate. By uniting the mandates of the six organizations, the Partnership increases the volume and coherence of technical support, policy engagement, advocacy and investments, minimizes overlap and duplication and deepens collaboration to improve outcomes in sexual, reproductive, maternal, newborn, child and adolescent health at the country level.

Partnership for Maternal, Newborn and Child Health

42. The Partnership for Maternal, Newborn and Child Health is an alliance of more than 1,000 organizations in 192 countries from the sexual, reproductive, maternal, newborn, child and adolescent health communities, as well as sectors having an influence on health, that supports the implementation of the Every Woman, Every Child Global Strategy for Women's, Children's and Adolescents' Health. The Partnership provides a platform for organizations to align objectives, strategies and resources and agree upon interventions to improve maternal, newborn, child and adolescent health. Its role complements the work and accountability processes of its individual members, enabling them to deliver more collectively than they would do alone. The partner-centric approach mobilizes, engages and empowers the implementing partners, allowing them to coordinate actions and activities, and encouraging and promoting mutual accountability.

F. Strengthening health systems

Innov8 approach for reviewing national health programmes to leave no one behind

43. *The Innov8 approach for reviewing national health programmes to leave no one behind* technical handbook is a resource that supports the operationalization of the Sustainable Development Goals. Completing the steps of the approach results in the identification of recommendations to improve programme performance through concrete action to address health inequities, support gender equality and the

progressive realization of universal health coverage and the right to health and address social determinants of health. It was developed through strong government and agency partnerships, with input from experts across disciplines.

Special initiative on climate change and health in small island developing States

44. The initiative is aimed at providing national health authorities in small island developing States with the political, technical, evidential and financial support to better understand and address the effects of climate change on health. That includes addressing the impacts of climate change on the main determinants of health, improving the climate resilience and environmental sustainability of health-care facilities and promoting climate change mitigation actions by the most polluting sectors to maximize health co-benefits.

UHC2030

45. UHC2030 is a global movement to strengthen health systems for universal health coverage. It provides a multi-stakeholder platform that promotes collaborative working at the global and country levels on strengthening health systems, advocates increased political commitment to universal health coverage and facilitates accountability and knowledge-sharing. Its partners and related initiatives nurture a shared global vision for health systems and universal health coverage. It frames emerging priorities, identifies bottlenecks and proposes collective recommendations for accelerating progress towards universal health coverage.

Universal Health Coverage Partnership

46. The Universal Health Coverage Partnership comprises a broad mix of health experts working together to promote universal health coverage by fostering policy dialogue on strategic planning and health system governance, developing health financing strategies and supporting their implementation and enabling effective development cooperation among countries. Health policy advisors work closely together with national ministries of health, providing sound technical expertise, political commitment, financial resources and long-standing work experience in health systems at the international and national levels. The Partnership comprises 38 partnership countries, across several regions, to the benefit of an estimated 900 million people or more.

V. Conclusion

48. Effective, results-oriented international coordination and cooperation is vital for the achievement of Sustainable Development Goal 3 and other health-related Goals. High-level political support from, and engagement with, Member States and non-State actors is fundamental. Efforts should be inclusive and transparent, while avoiding duplication and fragmentation. Adequate and sustainable financing that incentivizes joint action must be mobilized globally and domestically. Greater coherence and collaboration among United Nations bodies, specialized agencies and entities on matters related to global health and foreign policy should promote and encourage strengthened collective action and impact on health in order to accelerate progress towards the achievement of Goal 3 and other health-related Goals, reinforced by the United Nations reform agenda. WHO, in conjunction with 10 leading multilateral organizations, is leading a historic commitment to advancing collective action and accelerating progress towards the achievement of Goal 3 and other health-related Goals.

49. The General Assembly is invited to take note of the present report.